

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/527620

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
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16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21	1		1			
22		2		1		
23		2	1			
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42		2	1			
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45		2		1		
46		2		1		
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57		1		1		
58				1		
59				1		
60				1		
61				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	58	←		←
TOTAL CLAIMS			65			